

**CONFIRMATION OF COMPLETION OF ACADEMIC PROGRAM FORM**

**This form confirms that (Name of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will graduate/graduated with a (Name of Degree) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From (Name of University) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In (Date of Convocation) Date /Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This section must be completed by an accredited University Dietetics Education Program Director.**

**This applicant**

**🗆 has completed the required academic program requirements**

**Or**

**🗆 will complete degree coursework requirements by**

**(Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be eligible to convocate**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of University Program Director Date**